

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Updated July 2002

SECTION 2

Mental Health Centers

Table of Contents

1	GENERAL POLICY	2
1 - 1	Authority	2
1 - 2	Scope of Services	2
1 - 3	Definitions	2
1 - 4	Qualified Mental Health Providers	3
1 - 5	Staff Qualifications	3
1 - 6	Evaluation Procedures	4
1 - 7	Treatment Plan	4
1 - 8	Documentation	6
1 - 9	Supervision Requirements For Group Skills Development Services	7
1 - 10	Quality Improvement	8
1 - 11	Collateral Services	8
2	SCOPE OF SERVICE	9
2 - 1	General Limitations	9
2 - 2	Mental Health Evaluation	10
2 - 3	Psychological Testing	11
2 - 4	Individual Mental Health Therapy	12
2 - 5	Group Mental Health Therapy	13
2 - 6	Medication Management	14
2 - 7	Behavior Management	15
2 - 8	Skills Development Services	16
3	PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES	19
	Mental Health Evaluation	19
	Psychological Testing	19
	Mental Health Therapy	19
	Behavior Management	19
	Medication Management	19
	Skills Development Services	19
	INDEX	20

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2001

1 GENERAL POLICY

1 - 1 Authority

Effective July 1, 1993, the Utah State Medicaid Plan was amended to allow mental health centers to provide services to Medicaid clients under the Diagnostic, Screening, Preventive, and Rehabilitative Services Option, 42 CFR 440.130. Under this option, services may be provided in settings other than the mental health center, as appropriate, with the exception of an inpatient hospital.

1 - 2 Scope of Services

The scope of diagnostic and rehabilitative mental health services includes the following:

Diagnostic services

- Mental Health Evaluation
- Psychological Testing

Rehabilitative services

- Individual Mental Health Therapy
- Group Mental Health Therapy
- Medication Management
- Group Skills Development Services
- Intensive Group Skills Development Services for children, ages 3 through 12
- Individual Skills Development Services
- Individual Behavior Management
- Group Behavior Management

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on support systems.

See Chapter 2, Scope of Services, for service definitions and limitations.

1 - 3 Definitions

Diagnostic Services means any medical procedure recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation.

Rehabilitative Services means any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a client to his best possible functional level.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2001

1 - 4 Qualified Mental Health Providers

- A. Diagnostic and rehabilitative outpatient mental health services are covered benefits only when provided by or through a provider licensed by the Utah Department of Human Services as a comprehensive mental health treatment program as defined in Section 62-A-12-202, Utah Code Annotated, 1953, as amended. Providers may provide services directly or subcontract with qualified practitioners or entities not affiliated with a hospital.
- B. Application for license may be made to the Office of Licensing in the Utah Department of Human Services.

1 - 5 Staff Qualifications

A. Staff Qualified to Prescribe Services

Rehabilitative services must be prescribed by an individual defined below:

1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated, 1953, as amended:
 - a. licensed physician;
 - b. licensed psychologist;
 - c. licensed clinical social worker;
 - d. licensed advanced practice registered nurse;
 - e. licensed marriage and family therapist; or
 - f. licensed professional counselor;
2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated, 1953, as amended:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2002

B. Staff Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter; or
2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:
 - a. licensed social service worker;
 - b. licensed registered nurse;
 - c. licensed practical nurse; or
 - d. other trained individual.

1 - 6 Evaluation Procedures

- A. An evaluation must be performed by an individual identified in paragraph A of Chapter 1 - 5 for each client requesting entry into the mental health treatment program. The evaluation is an assessment of the client's presenting complaints and mental health needs, and based on the client's needs, indicates whether treatment in the program is appropriate.
- B. If it is determined that a client needs mental health services, an individual identified in paragraph A of Chapter 1 - 5 must prescribe the plan of care or treatment plan. A multi-disciplinary team approach should be used in treatment planning to ensure a comprehensive treatment plan.
- C. If it is determined that a client does not need mental health services, the mental health center must document in writing to the client why he or she has been denied mental health services. A copy of the denial must also be kept on file at the mental health center.

1 - 7 Treatment Plan

- A. Establishment of the Treatment Plan

The treatment plan or plan of care is a written, individualized plan developed by an individual identified in paragraph A of Chapter 1 - 5 to improve the client's condition and reduce reliance on the program, beyond occasional maintenance visits.

All treatment services must be prescribed by an individual identified in paragraph A of Chapter 1 - 5.

Although the treatment methods must be prescribed by an individual identified in paragraph A of Chapter 1 - 5, please note that the actual skills development treatment goals may be developed by qualified skills development providers identified in items #1 through 5 of the "Who" section in Chapter 2 - 8, Skills Development Services.

The treatment plan must include the following:

1. the treatment regimen-- the specific medical and remedial services and therapies that will be used to meet the treatment objectives specified in the treatment plan or plan of care;

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated January 2002

2. a projected schedule for service delivery, including the expected frequency and duration of each type of service;
3. the credentials of individuals who will furnish the services;
4. reasonable measures, developed in conjunction with the client, to evaluate whether objectives are met;
5. if the treatment plan contains skills development services, it must include goals specific to all skills issues being addressed with this treatment method; and
6. a projected schedule for completing reevaluations of the client's condition and updating the treatment plan.

B. Periodic Review of the Treatment Plan

An individual identified in paragraph A of Chapter 1 - 5 shall periodically review the client's treatment plan in order to determine the client's progress toward the treatment objectives, the appropriateness of the treatment services being furnished and the need for the client's continued participation in the program.

An individual identified in paragraph A of Chapter 1 - 5 shall conduct the review every six months with completion during the calendar month in which it is due. Reviews may be conducted more frequently if the nature of needed services changes. The review shall be documented in detail in the clinical record, kept on file, and made available for State or Federal review, upon request. If the individual identified in paragraph A of Chapter 1 - 5 determines during the six month review of the treatment plan that the treatment plan (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan must be developed. For centers using the managed care treatment plan format, treatment areas must be revised if, based on the six month treatment plan review, changes are needed.

An individual identified in paragraph A of Chapter 1 - 5 must have sufficient face-to-face contact with the client in order to complete the six month review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.

If an individual identified in paragraph A of Chapter 1 - 5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1 - 5 who will conduct the review has had only limited or no contact with the client during the preceding six months, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2000

1 - 8 Documentation

A. The mental health center must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made that indicates at least the following:

1. date and actual time services were rendered;
2. duration of the service;
3. specific services rendered;
4. setting in which services were rendered;
5. relationship of the service to the treatment goals described in the treatment plan;
6. updates describing the client's progress; and
7. signature and title of individual who rendered the services.

See Chapter 2, Scope of Services, for documentation requirements specific to certain services.

B. The clinical record must be kept on file, and made available for State or Federal review, upon request.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2002

1 - 9 Supervision Requirements For Group Skills Development Services

- I The supervision requirements listed below must be met in group-skills-development programs. See Chapter 2 - 8, Skills Development Services, for the definition of skills development services.
- A. One of the following practitioners must provide the skills development services directly, or be available to provide consultation and supervision:
1. an individual identified in paragraph A of Chapter 1 - 5; or
 2. licensed registered nurse.
- B. At least quarterly, an individual identified above must conduct a review of each group-skills-development program operated by the center. This review must consist of the following components:
1. a review of the sample of client treatment plans to evaluate appropriateness of goals;
 2. a comprehensive review of the daily activities scheduled for the next 90-day period to ensure activities correlate with individual treatment needs; and
 3. consultation with group-skills-development staff to:
 - a. identify and resolve clinical concerns regarding program participants;
 - b. develop or modify programs to ensure they meet the needs of participants; and
 - c. ensure continuous improvement in the quality of the skills development services provided.
 4. A written summary of the review must be kept on file at the center, and made available for State or Federal review, upon request.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2001

1 - 10 Quality Improvement

Each mental health center must have a written quality improvement plan. The plan must have the means to evaluate all aspects of the organization as well as the quality and timeliness of services delivered. The plan must include an interdisciplinary quality improvement committee that has the authority to report its findings and recommendations for improvement to the center's executive director. The quality improvement committee must meet at least quarterly to conduct or review quality improvement activities and make recommendations for center improvements. The quality improvement plan must also include written peer review procedures to assess access and the quality and adequacy of the services being delivered. The quality improvement plans for fee-for-service mental health centers must also include written peer review procedures for determining adherence to Medicaid policy outlined in this manual and in the Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill, including a process for determining whether claims for Medicaid payment have been made appropriately. Peer reviews must be conducted no less than two times per year. The quality improvement committee, and any subcommittees, must maintain written documentation of quality improvement meetings and the results of peer reviews subject to review by State and Federal officials.

1 - 11 Collateral Services

Collateral services may be billed if the following conditions are met:

1. the service is provided to an immediate family member (for example, parent or foster parent) on behalf of the identified client; and
2. the identified client is the focus of the session.

The collateral service must be billed under the appropriate service code, such as evaluation, individual mental health therapy, group mental health therapy, individual or group behavior management, or skills development services.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 SCOPE OF SERVICES

2 - 1 General Limitations

Effective July 1, 2002, certain Medicaid adult clients age 19 and over in the TANF and Medically Needy Medicaid eligibility categories have a reduced benefits package. These clients' Medicaid cards will be blue.

Medicaid clients with the reduced benefits package will have the following service limitations:

1. Inpatient mental health care— There is a 30-day maximum per year per client for inpatient mental health care.
2. Outpatient mental health services/visits— There is a maximum of 30 outpatient mental health treatment services/visits per client per year for outpatient mental health care. Targeted case management services for the chronically mentally ill also count toward the 30 outpatient mental health services/visits maximum.

Substitutions— Substitution of outpatient mental health services/visits for inpatient days may be made if the client requires more than 30 outpatient mental health services/visits per year, the client would otherwise be hospitalized for treatment of the mental illness or condition, and in lieu of hospitalization, outpatient mental health services could be used to stabilize the client. If the criteria for substitution are met, all outpatient mental health services, with the exception of day treatment (i.e., group skills development services), may be substituted at a rate of one outpatient mental health service/visit for one inpatient day. Day treatment may be substituted at a rate of two day treatment visits for each inpatient mental health day.

Example: A client has utilized the maximum outpatient mental health benefits by using ten outpatient day treatment visits and 20 other outpatient mental health services. However, without continued outpatient mental health treatment, the client would require inpatient mental health care. Therefore, the client utilizes another 20 day treatment visits and 15 other outpatient mental health services. The 20 outpatient day treatment visits are substituted for ten inpatient days and the 15 other outpatient mental health services are substituted for 15 inpatient days. The client now has five inpatient mental health days available for the remainder of the year. The client discontinues outpatient mental health treatment. An additional five outpatient mental health services could be used later in the year only if the client again meets the substitution criteria. Without meeting this criteria, there are no remaining outpatient mental health benefits, only the five inpatient mental health days.

3. The following services are also excluded and may not be billed under any of the services specified in chapters 2 - 2 through 2 - 8:
 - a. Services for conditions without manifest mental health diagnoses (i.e., conditions that do not warrant a mental health diagnosis);
 - b. Hypnosis, occupational or recreational therapy;
 - c. Office calls in conjunction with medication management for repetitive therapeutic injections; and
 - d. Mental health evaluations for legal purposes only (e.g., for custodial or visitation rights, etc.)

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 - 2 Mental Health Evaluation

Mental health evaluation means a face-to-face evaluation where the existence, nature, or extent of illness, injury, or other health deviation is identified for the purpose of determining the client's need for mental health services and establishing written objectives for the provision of such services, as appropriate. If it is determined a client is in need of mental health services, the evaluation must include the development of an individualized treatment plan. Psychiatric mental health evaluations may also be provided in a tele-health setting.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.
 4. Individuals identified below may participate as part of a multi-disciplinary team in the mental health evaluation process by gathering parts of the psycho-social data when working under the supervision of an individual identified #1 through 3 above:
 - a. licensed social service worker;
 - b. licensed registered nurse; or
 - c. licensed practical nurse.

Although an individual identified in a.-c. above may **assist** in the evaluation process by meeting with the client to gather parts of the psycho-social data as directed by the supervisor, an individual identified in #1 through 3 above must see the individual face-to-face to conduct the mental health evaluation.

Individuals identified in a.-c. may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in #1 through 3 above, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Evaluation report, diagnoses, treatment recommendations, and individual treatment plan, if applicable. Reevaluation report (i.e., treatment plan review and updated treatment plan as appropriate). Documentation of the psychiatric mental health evaluation provided in a tele-health setting must be maintained in the mental health center record.

Unit: **Y4032 - Mental Health Evaluation** - per 15 minutes;

Y4032 - Psychiatric Mental Health Evaluation provided in a tele-health setting - per 15 minutes

Limits:

1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2. The use of “coercive techniques” where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as “holding therapy,” “rage therapy,” “rage reduction therapy,” “attachment therapy” or “rebirthing therapy”.
3. Psychiatric mental health evaluations provided in a tele-health setting are limited to rural mental health centers.
4. When a psychiatric mental health evaluation is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.
5. See General Limitations in Chapter 2 - 1.

2 - 3 Psychological Testing

Psychological testing means administering (face-to-face), evaluating, and submitting a written report of the results of psychometric, diagnostic, projective, or standardized IQ tests.

- Who:
1. licensed physician;
 2. licensed psychologist; or
 3. certified psychology resident working under the supervision of a licensed psychologist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession’s practice act rule for supervision requirements.)

Record: Dates of testing, brief history, tests administered, test scores, evaluation of test results, current functioning of the examinee, diagnoses, prognosis, and treatment recommendations.

Unit: **Y4033 - Psychological Testing** - per 15 minutes

- Limits:
1. The use of “coercive techniques” where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as “holding therapy,” “rage therapy,” “rage reduction therapy,” “attachment therapy” or “rebirthing therapy”.
 2. See General Limitations in Chapter 2 - 1.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 - 4 Individual Mental Health Therapy

Individual mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Individual therapy may also be provided in a tele-health setting.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Clinical note per session. Documentation of the individual therapy session provided in a tele-health setting must be maintained in the mental health center record.

Unit: **Y4041 - Individual Mental Health Therapy** - per 15 minutes

Y4041 - Individual Mental Health Therapy provided in a tele-health setting - per 15 minutes

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. Individual mental health therapy provided in a tele-health setting is limited to rural mental health centers.
 3. When individual mental health therapy is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.
 4. See General Limitations in Chapter 2 - 1.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 - 5 Group Mental Health Therapy

Group mental health therapy means face-to-face clinical treatment of two or more clients or families in the same session to improve the client's emotional and mental adjustment, and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Groups should not exceed 10 individuals unless a co-therapist is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the or the particular profession's practice act rule for supervision requirements.)

- Record:
1. For each session, documentation of the date, actual time and duration.
 2. Monthly clinical note summarizing progress toward treatment goals. If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly note is not also required.

Unit: **Y4051 - Group Mental Health Therapy** - per 15 minutes per client

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. See General Limitations in Chapter 2 - 1.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 - 6 Medication Management

Medication management means a face-to-face intervention that includes prescribing, administering, monitoring, or reviewing the client's medication and medication regimen and providing appropriate information to the client regarding the medication regimen. Physician medication management services may also be provided in a tele-health setting.

- Who:
1. licensed physician;
 2. licensed advanced practice registered nurse;
 3. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 4. licensed registered nurse; or
 5. other practitioner licensed under State law to prescribe, review, or administer medication acting within the scope of his /her license.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the or the particular profession's practice act rule for supervision requirements.)

Record: Medication order or copy of the prescription signed by the prescribing practitioner, and clinical notes. Documentation of the physician medication management services provided in a tele-health setting must be maintained in the mental health center record.

Unit: **Y3060 - Medication Management by physician** - per encounter by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse.

Y3060 - Medication Management by physician provided in a tele-health setting - per encounter by a licensed physician.

Y3064 - Medication Management by R.N. - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. Physician medication management services provided in a tele-health setting are limited to rural mental health centers.
 3. When physician medication management is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.
 4. See General Limitations in Chapter 2 - 1.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

2 - 7 Behavior Management

Behavior management means face-to-face interventions with an individual or group of individuals experiencing a specific behavioral problem using a psycho-educational approach, after diagnosis by a licensed mental health therapist, and in accordance with a treatment plan developed, directed and supervised by the licensed mental health therapist, and includes stress management, relaxation techniques, assertiveness training, conflict resolution, and behavior modification, etc. Groups should not exceed 10 individuals unless a co-leader is present.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
 4. licensed registered nurse;
 5. licensed social service worker working under the supervision of a licensed mental health therapist;
 6. student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or a licensed certified social worker;
 7. student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a licensed registered nurse; or
 8. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For **individual behavior management**, progress note per session.

For **group behavior management**, the following documentation is required:

1. For each session, documentation of the date, actual time and duration; and
2. Monthly progress note summarizing progress toward treatment goals. If a note summarizing progress toward treatment goals is written for each group session, then a monthly note is not also required.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

Unit: **Y0477 - Individual Behavior Management** - per 15 minutes

Y0478 - Group Behavioral Management - per 15 minutes per client

Limits: 1. The use of “coercive techniques” where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as “holding therapy,” “rage therapy,” “rage reduction therapy,” “attachment therapy” or “rebirthing therapy”.

2. See General Limitations in Chapter 2 - 1.

2 - 8 Skills Development Services

Skills development services means rehabilitative services provided face-to-face to an individual or group of individuals in an outpatient setting, day treatment program, residential program, individual’s home, or other appropriate setting to:

A. assist individuals to develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and to assist the individual in complying with their medication regimen ; or

B. assist individuals to develop appropriate social, interpersonal and communication skills, and effective behaviors.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist. licensed mental health therapist;
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
 4. licensed registered nurse;
 5. licensed social service worker;
 6. student enrolled in a program leading to licensure as a certified social worker, working under the supervision of a licensed mental health therapist or a licensed certified social worker;
 7. student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a licensed registered nurse;
 8. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or licensed social service worker; or
 9. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, licensed certified social worker, licensed registered nurse, or licensed social service worker.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2001

Record: For **individual skills development services**, progress note per session.

For **group skills development services**, the following documentation is required.

1. Daily log documenting the date and duration of the service and activities provided; and
2. Monthly summary documenting (1) the significant and specific activities in which the client participated during the month, and (2) progress toward skills development treatment goals as a result of that participation. If more frequent summaries documenting progress toward skills development treatment goals are written, then a monthly summary is not also required.

If skills development treatment goals were met during the month as a result of participation in the skills development program, then new individualized goals must be developed and added to the treatment plan.

Unit: **Y0475 - Individual Skills Development Services** - per 15 minutes, for ages 0 years and older

Y4080 - Group Adult Skills Development Services - per 15 minutes per client, for ages 18 and older, beginning with the month after the month of the 18th birthday

Y4082 - Group Child and Adolescent Skills Development Services - per 15 minutes per client, for ages 0 through the month of the 19th birthday

Y0476 - Intensive Group Children's Skills Development Services - per 15 minutes per client, for ages 0 through the month of the 13th birthday

Limits: 1. Skills development services do **not** include:

- a. activities in which staff is not present and actively involved in teaching a needed skill;
 - b. activities in which staff performs tasks for the client;
 - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
 - d. routine supervision of clients;
 - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
 - f. routine transportation of the client or transportation to the site where a skills development service will be provided;
 - g. job training, job coaching, vocational and educational services; and
 - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
2. In **group child and adolescent skills development** programs, a ratio of no more than twelve clients per professional staff must be maintained during the entire program.
 3. In **intensive group children's skills development** programs, a ratio of no more than five clients per professional staff must be maintained during the entire program.

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page updated July 2002

4. The use of “coercive techniques” where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as “holding therapy,” “rage therapy,” “rage reduction therapy,” “attachment therapy” or “rebirthing therapy”.
5. See General Limitations in Chapter 2 - 1.

(See Chapter 1 - 9, Supervision Requirements For Group Skills Development Services, for additional supervision requirements for group skills development programs.)

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated October 2001

3 PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Urban Codes ¹	Rural Codes ²	*Allowable Modifiers	Service and Units	Limits per Patient
Y4032	Y0626	gt, tr	Mental Health Evaluation, per 15 minutes	No limit
Y4033	Y0627		Psychological Testing, per 15 minutes	No limit
Y4041	Y0628	gt, tr	Individual Mental Health Therapy, per 15 minutes	No limit
Y4051	Y0629		Group Mental Health Therapy, per 15 minutes per client	No limit
Y0477	Y0634		Individual Behavior Management, per 15 minutes	No limit
Y0478	Y0635		Group Behavioral Management, per 15 minutes per client	No Limit
Y3060	Y0630	gt, tr	Medication Management by physician, per encounter	No Limit
Y3064	Y0631		Medication Management by R.N., per encounter	No Limit
Y0475	Y0632		Individual Skills Development Services, per 15 minutes for ages 0 years or older.	No limit
Y4080	Y0636		Group Adult Skills Development Services, per 15 minutes per client, for ages 18 and older, beginning with the month after the 18th birthday.	No Limit
Y4082	Y0637		Group Child and Adolescent Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 19th birthday.	No Limit
Y0476	Y0633		Intensive Group Children's Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 13th birthday	No Limit

Urban Codes ¹ : Use codes Y4032 - Y0476 to bill services in urban mental health centers provided from July 1 through December 31, 2001 AND to bill all services, rural and urban, provided before July 1, 2001 or on or after January 1, 2002.

Rural Codes ² : Use codes Y0626 - Y0633 to bill services in rural mental health centers provided between July 1 and December 31, 2001. For services provided before July 1, 2001, or on or after January 1, 2002, use codes Y4032 - Y0476 in the first column.

* Allowable modifiers

- gt: Use when service is provided in a tele-health setting
- tr: Use on the claim for the service provided by the subcontracting tele-health provider when a Center case manager or other mental health professional assists the client during the service provided in the tele-health setting

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Page Updated July 2002

INDEX

Application for license	3	Multi-disciplinary team	4, 10
Attachment therapy	11-14, 16, 18	Peer review	8
Authority	2, 8	Periodic Review of the Treatment Plan	5
Behavior Management	2, 8, 15, 16, 19	Plan of care	4
Coercive techniques	11-14, 16, 18	Procedure Codes	19
Collateral Services	8	Psychological Testing	2, 11, 19
Documentation	6, 8, 10, 12-15, 17	Qualifications	3
Evaluation	2, 4, 8, 10, 11, 19	Qualified Mental Health Providers	3
Evaluation Procedures	4	Quality Improvement	8
Group Adult Skills Development Services ...	17, 19	Quality Improvement Plan	8
Group Behavioral Management	16, 19	Rage reduction therapy	11-14, 16, 18
Group Child and Adolescent Skills Development Services	17, 19	Rage therapy	11-14, 16, 18
Group Mental Health Therapy	2, 8, 13, 19	Rebirthing therapy	11-14, 16, 18
Group Skills Development Services ..	2, 7, 9, 17, 18	Rehabilitative services	2-4, 16
Holding therapy	11-14, 16, 18	Rural Codes	19
Individual Behavior Management	2, 15, 16, 19	Rural mental health centers	19
Individual Mental Health Therapy	2, 8, 12, 19	Scope of Services	2, 4, 6, 9
Individual Skills Development Services ...	2, 17, 19	Service and Units	19
Intensive Group Children's Skills Development Services	17, 19	Skills Development Services ...	2, 4, 5, 7-9, 16-19
Limitations	9	Staff Qualifications	3
Medication Management	2, 9, 14, 19	Supervision Requirements	3, 7, 10-15, 18
Medication Management by physician	14, 19	Tele-health	10-12, 14, 19
Medication Management by R.N.	14, 19	Treatment Plan	4-6, 10, 12, 13, 15, 17
Mental Health Evaluation	2, 10, 11, 19	Urban Codes	19
Modifiers	19	Urban mental health centers	19

